

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
fax
2008 MAY 19 AM 8:18

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Steve Sodders

Political Party (if applicable)
Democrat

Office Sought
State Senate

District (if Senate or House)
22

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1702
Logged In	5 2
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Amy White
SIGNATURE OF PERSON FILING REPORT

641-473-2167
TELEPHONE

5/17/08
DATE SIGNED

I AM FILING A May 19, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 16,135.86

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

23,507.43

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 39,643.29

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,359.88

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 37,283.41

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 445.75

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
1/18/08	ID# CK#	Mark Smith 816 Roberts Terrace Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
1/18/08	ID# CK#	Kim Smith 205 N Center St. Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
1/26/08	ID# CK#	Amanda Rasmusson 511 SW 46th St. Ankeny, IA 50023		\$10.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Catherine Noble P.O. Box 186 State Center, IA 50247		\$10.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Susan Cahill 202 N. 1st St. Marshalltown, IA 50158		\$10.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	David Winterton P.O. Box 433 State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Amanda Rasmusson 511 SW 46th St. Ankeny, IA 50023		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Sharon Johnson 3077 Fairman Ave. Rhodes, IA 50234		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Philip Tetzloff 2908 W. Lincoln Way Marshalltown, IA 50158-6021		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Rebecca Kinnamon 202 2nd St. SE Box 433 State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 250.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
1/26/08	ID# CK#	Harlan Quick 104 6th St NW State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Craig Pfantz P.O. Box 457 State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Leah Stansberry 102 Cherry St. Marshalltown, IA 50158		\$20.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Carrie Johnson 1306 Duff Avenue Ames, IA 50010		\$25.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	P.J. Colbert 1707 Olson Way Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Paul Sodders 1608 Crestwood Circle Ames, IA 50010	Brother	\$40.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Everett Halsted 1576 220th St. State Center, IA 50247		\$50.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Nina Biensen 2454 Binford State Center, IA 50247		\$50.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Leonard Grimes 2353 233rd St. Marshalltown, IA 50158-8962		\$50.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Willard Acord 2618 Cooper Ave. State Center, IA 50247		\$50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 355.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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1/26/08	ID# CK#	Leah Stansberry 102 Cherry St. Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Allan Smith 205 N. Center St. Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Karen Lischer 816 Roberts Terrace Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	John Foster 2905 Arnold Drive Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Wayne Sawtelle 308 S. 6th St. Marshalltown, IA 50158		\$200.00	<input checked="" type="checkbox"/>
1/26/08	ID# CK#	Pass The Hat Fundraiser		\$620.43	<input checked="" type="checkbox"/>
2/21/08	ID# CK#	Kim Smith 205 N. Center Street Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
2/21/08	ID# CK#	Susan Malloy 3304 Merritt Road Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
2/21/08	ID# CK#	Donald Maze 1322 W. Linn Street Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
3/11/08	ID# CK#	Carol Eddy Box 336 LeGrand, IA 50142		\$20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,385.43	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

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3/11/08	ID# CK#	Kim Smith 205 N. Center Street Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
3/11/08	ID# CK#	Susan Smith 203 1/2 N. 4th St. Marshalltown, IA 50158		\$40.00	<input type="checkbox"/>
3/19/08	ID# CK#	Marshall County Democratic Central Committee P.O. Box 152 Marshalltown, IA 50158		\$426.00	<input checked="" type="checkbox"/>
3/19/08	ID# CK#	Lee Wilkinson P.O. Box 296 State Center, IA 50247		\$50.00	<input type="checkbox"/>
3/19/08	ID# CK#	LaVonne Topp 17102 CO. HWY D-47 Hubbard, IA 50122-8528		\$25.00	<input type="checkbox"/>
3/19/08	ID# CK#	L.E. Phipps 105 Westwood Dr. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
3/19/08	ID# CK#	Jeffrey Schwartz 4400 S. Monaco St. 237 Denver, CO 80237		\$1.00	<input type="checkbox"/>
3/19/08	ID# CK#	Robin Brand 2016 Alvarado St. Oceanside, CA 92054		\$1.00	<input type="checkbox"/>
3/19/08	ID# CK#	Robin Brand 2016 Alvarado St. Oceanside, CA 92054		\$1.00	<input type="checkbox"/>
3/19/08	ID# CK#	Robin Brand 2016 Alvarado St. Oceanside, CA 92054		\$1.00	<input type="checkbox"/>
SUB-TOTAL				\$ 590.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

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3/19/08	ID# CK#	Dara Angelo 4829 Linden Forest Lane Charlotte, NC 28270		\$1.00	<input type="checkbox"/>
3/27/08	ID# CK#	Hardin County Democratic Central Committee 14083 P. Ave Iowa Falls, IA 50126-8686		\$500.00	<input type="checkbox"/>
3/27/08	ID# CK#	Kent Geffe P.O. Box 555 Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
3/27/08	ID# CK#	Adam Freed 36 Laidley Street San Francisco, CA 94131		\$1,000.00	<input type="checkbox"/>
3/27/08	ID# CK#	Bill Lewis 6525 North 26th Street Phoenix, AZ 85016		\$500.00	<input type="checkbox"/>
3/27/08	ID# CK#	Richard Underwood 6525 North 26th Street Phoenix, AZ 85016		\$500.00	<input type="checkbox"/>
4/3/08	ID# CK#	Brad Sears P.O. Box 951476 Los Angeles, CA 90095		\$30.00	<input type="checkbox"/>
4/3/08	ID# CK#	Mona Pittenger 2660 S. Birmingham Place Tulsa, OK 74114		\$500.00	<input type="checkbox"/>
4/3/08	ID# CK#	Thomas Aller 1089 Cedar Woods Rd. Cedar Rapids, IA 52403-9046		\$150.00	<input type="checkbox"/>
4/9/08	ID# CK#	Mark Minear 2702 W. Lincolnway Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,306.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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4/9/08	ID# CK#	Michael Miller 1401 Emerald Dr. Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
4/9/08	ID# CK#	Douglas Finders 220 E. Southridge Rd. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/9/08	ID# CK#	Geraldine Jensen 1014 Ratcliffe Dr. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/9/08	ID# CK#	James Roberts 685 Oakview Place Sequim, WA 98382	Father-In-Law	\$2,000.00	<input type="checkbox"/>
4/9/08	ID# CK#	Mel Helfetz 304 South 12th Street Philadelphia, PA 19107		\$1,000.00	<input type="checkbox"/>
4/16/08	ID# CK#	Patrick Brooks 611 Jerome Street Marshalltown, IA 50158		\$25.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Charyl Finders 220 E. Southridge Rd. Marshalltown, IA 50158-4553		\$25.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Leah Stansberry 705 W. Church Street Marshalltown, IA 50158		\$25.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Dennis Stewart 1934 Taylor Ave. Marshalltown, IA 50158		\$50.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Nina Bicsen 2454 Binford Ave. State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3,245.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

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4/16/08	ID# CK#	Shirley Foster 2905 Arnold Drive Marshalltown, IA 50158		\$20.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Karin Hill 808 Jackson Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Vicki Walker 2306 South 6th Street Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
4/16/08	ID# CK#	Kimberly Hillsabeck 508 Roberts TER. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/16/08	ID# CK#	Cynthia Hanken 2305 South 6th St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/16/08	ID# CK#	Raymond Lischer 2907 S. 6th Street #107 Marshalltown, IA 50158-4688		\$25.00	<input type="checkbox"/>
4/16/08	ID# CK#	Harlan Quick 104 6th St. N.W. State Center, IA 50247		\$25.00	<input type="checkbox"/>
4/16/08	ID# CK#	Gene McRill 104 W. Marshall St. P.O. Box 189 Albion, IA 50005		\$100.00	<input type="checkbox"/>
4/16/08	ID# CK#	George Bellitos 5508 Lincolnway Ames, IA 50014-9391		\$50.00	<input type="checkbox"/>
4/16/08	ID# CK#	Larry Darnell 4420 Spring Street Davenport, IA 52807		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 355.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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4/16/08	ID# CK#	Evalyn Mathews 713 E. Maple St. Hubbard, IA 50122		\$20.00	<input type="checkbox"/>
4/16/08	ID# CK#	Kim Smith 205 N. Center Street Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
4/11/08	ID# CK#	Pass The Hat Fundraiser		\$187.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Douglas Willard P.O. Box 91746 Long Beach, CA 90809		\$100.00	<input type="checkbox"/>
4/19/08	ID# CK#	Annett Sawtelle 308 S. 6th St. Marshalltown, IA 50158		\$200.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Philip Tetzloff 2908 W. Lincolnway Marshalltown, IA 50158-6021		\$20.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Tammy Weese 1956 Zeller Ave. Marshalltown, IA 50158		\$20.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Mark Smith 816 Roberts Terrace Marshalltown, IA 50158		\$35.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Shirley Foster 2905 Arnold Drive Marshalltown, IA 50158		\$25.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Annett Sawtelle 308 S. 6th St. Marshalltown, IA 50158		\$55.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 682.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
4/19/08	ID# CK#	Toni Nederhoff 1120 Edgington Ave. Eldora, IA 50627		\$10.00	<input type="checkbox"/>
4/19/08	ID# CK#	Marcia Daggs 1105 8th Avenue Eldora, IA 50627		\$25.00	<input type="checkbox"/>
4/19/08	ID# CK#	Carolyn Salasek 2541 Underwood Avenue Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/19/08	ID# CK#	Marshall County Democratic Central Committee P.O. Box 152 Marshalltown, IA 50158		\$220.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Pass The Hat Fundraiser		\$179.00	<input checked="" type="checkbox"/>
4/19/08	ID# CK#	Adam Rose P.O. Box 657 Cross River, NY 10518		\$1,000.00	<input type="checkbox"/>
4/19/08	ID# CK#	Robert Dockendorff 260 Amber Drive San Francisco, CA 94131		\$250.00	<input type="checkbox"/>
4/19/08	ID# CK#	Susan Grimes 2353 233rd Street Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
4/19/08	ID# CK#	Paul Albert 60 Piedmont Street San Francisco, CA 94117		\$500.00	<input type="checkbox"/>
4/19/08	ID# CK#	Mike Gleason P.O. Box 5324 Beverly Hills, CA 90209		\$150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,459.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Keep Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
4/21/08	ID# CK#	Harlietta Helland 809 West Main Street Marshalltown, IA 50158		\$75.00	<input type="checkbox"/>
4/21/08	ID# CK#	Amanda Rasmusson 511 SW 46th St. Ankeny, IA 50023		\$25.00	<input type="checkbox"/>
4/30/08	ID# CK#	Jennifer Pelfrey 403 6th St. SE State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
4/30/08	ID# CK#	Roland Nauman 1001 W State St. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
4/30/08	ID# CK#	Arthur Buchwald 510 Brentwood Rd. Marshalltown, IA 50158-3726		\$250.00	<input type="checkbox"/>
4/30/08	ID# CK#	William Backoff 203 W. Ferner St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/30/08	ID# CK#	David Schroeder 306 Wauconda Rd. Marshalltown, IA 50158-4347		\$25.00	<input type="checkbox"/>
4/30/08	ID# CK#	Charles Cochran 2627 255th Street Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
4/30/08	ID# CK#	Brian Krumm 911 S. 8th Ave. Marshalltown, IA 50158-3423		\$50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Steven Ryan 603 Willow Lane Box 282 LeGrand, IA 50142		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 620.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
5/7/08	ID# CK#	Teresa Gray 703 Jerome St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
5/7/08	ID# CK#	Sharon Johnson 3077 Fairman Ave. Rhodes, IA 50234		\$50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Selden Spencer 823 Ashwood Dr. Huxley, IA 50124		\$50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Rita Figgins 502 4th St. S.E. State Center, IA 50247		\$50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Laura Dolley 202 4th Ave. SE State Center, IA 50247-0310		\$100.00	<input type="checkbox"/>
5/7/08	ID# CK#	Susan Martin 2349 Whispering Oaks Rd. Marshalltown, IA 50158-9041		\$100.00	<input type="checkbox"/>
5/7/08	ID# CK#	Nancy Rhoades 408 E. Dawn Street LeGrand, IA 50142		\$10.00	<input type="checkbox"/>
5/7/08	ID# CK#	Jen Mustaine 401 1st Ave S State Center, IA 50247		\$50.00	<input type="checkbox"/>
5/7/08	ID# CK#	Thomas Aller 1089 Cedar Woods Rd. Cedar Rapids, IA 52403-9046		\$150.00	<input type="checkbox"/>
5/7/08	ID# CK#	Scott Lothe 1403 S 3rd Ave. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 685.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/7/08	ID# CK#	H. William Helgen 1919 S 5th Avenue Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
5/7/08	ID# CK#	Theresa Hungerford 2943 260th St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
5/7/08	ID# CK#	Robert Kern 205 W North St. Box 234 Albion, IA 50005		\$25.00	<input type="checkbox"/>
5/6/08	ID# CK#	Susan Cahill 202 N. 1st St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
5/8/08	ID# CK#	John Soorholtz 15 3rd St. Melbourne, IA 50162		\$100.00	<input type="checkbox"/>
5/8/08	ID# CK#	Cynthia Schulte 204 Lincoln Valley Drive State Center, IA 50247		\$50.00	<input type="checkbox"/>
5/8/08	ID# CK#	Soraya Armas 307 N 14th Ave. Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
5/8/08	ID# CK#	Bryce Dee 1909 Iowa Ave. W Marshalltown, IA 50158-9114		\$50.00	<input type="checkbox"/>
5/8/08	ID# CK#	Emily Latch 408 2nd Street P.O. Box 262 State Center, IA 50247		\$20.00	<input type="checkbox"/>
5/8/08	ID# CK#	Robert Schubert Sr. 701 Lee St. Marshalltown, IA 50158		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 365.00	
TOTAL (if last page of this schedule)				\$	

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For instructions, See Back of Form

Report Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/8/08	ID# CK#	Michael Marquess 3009 S. 14th Street Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
5/9/08	ID# CK#	Edmond Harmsworth 535 Boylston St. STE 1103 Boston, MA 02116-3768		\$1,000.00	<input type="checkbox"/>
5/9/08	ID# CK#	Leila Sawtelle 514 E Olive St. #204 Marshalltown, IA 50158		\$2,000.00	<input type="checkbox"/>
5/9/08	ID# CK#	Anne Roberts 1540 53rd St. NW 3 Seattle, WA 98107	Sister-in-law	\$100.00	<input type="checkbox"/>
5/9/08	ID# CK#	Mel Heifetz 304 South 12th Street Philadelphia, PA 19107		\$100.00	<input type="checkbox"/>
5/10/08	ID# CK#	Marian Kuper 10749 CO HWY S-55 Ackley, IA 50601-7712		\$100.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Jon Heitland 11140 Maplehurst Dr. Iowa Falls, IA 50126-8869		\$40.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Karin Hill 808 Jackson Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Mary Heitland 11140 Maplehurst Dr. Iowa Falls, IA 50126		\$25.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Kurtis Kelsey 14083 P Ave. Iowa Falls, IA 50126-8686		\$25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3,520.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
5/10/08	ID# CK#	Dennis Stewart 1934 Taylor Ave. Marshalltown, IA 50158		\$200.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Pass The Hat Fundraiser		\$155.00	<input checked="" type="checkbox"/>
5/10/08	ID# CK#	Marshall County Democratic Central Committee P.O. Box 152 Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
5/11/08	ID# CK#	Kim Smith 205 N. Center Street Marshalltown, IA 50158		\$20.00	<input type="checkbox"/>
5/12/08	ID# 8005 CK# 005392	DRIVE Committee 25 Louisiana Avenue NW Washington, DC 20001-2198		\$5,000.00	<input type="checkbox"/>
5/13/08	ID# CK#	William Heckroth 1010 Ridgewood BLVD NW Waverly, IA 50677		\$25.00	<input type="checkbox"/>
5/13/08	ID# CK#	Raymond Lischer 2907 S 6th Street #107 Marshalltown, IA 50158-4688		\$100.00	<input type="checkbox"/>
5/13/08	ID# CK#	Lisa Hmcstath 1116 240th St. State Center, IA 50247-9644		\$25.00	<input type="checkbox"/>
5/13/08	ID# CK#	Laura Arterburn P.O. Box 444 State Center, IA 50247-0444		\$35.00	<input type="checkbox"/>
5/14/08	ID# CK#	Lonnie Hogeland 1408 E. Main St. P.O. Box 1224 Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 5,640.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/2/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$.16
3/9/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	.04
3/16/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$79.00
3/20/08	ID# CK# 1014	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Envelopes & Letterhead	\$224.72
3/20/08	ID# CK# 1015	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	VAN BUYIN	\$1,000.00
3/23/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$20.94
3/30/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$39.50
4/9/08	ID# CK# 1016	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Envelopes	\$82.68
SUB-TOTAL				\$ 1,447.04
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/14/08	ID# CK# 1017	Steve Sodders P.O. Box 723 State Center, IA 50247	Reimbursement for office supplies	\$ 83.20
4/16/08	ID# CK# 1018	Thomas Aller 1089 Cedar Woods Dr. Cedar Rapids, IA 52403-9046	Refund of contribution	\$150.00
4/19/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$79.01
4/21/08	ID# CK# 1019	Steve Sodders P.O. Box 723 State Center, IA 50247	Reimbursement for web site	\$370.00
5/4/08	ID# CK#	Auburn Quad, Inc. P.O. Box 390728 Cambridge, MA 02139	Credit card processing fee	\$7.90
5/8/08	ID# CK# 1021	Alley Silkscreen 802 SO 3rd. Ave Marshalltown, IA 50158	T-shirts	\$122.73
5/14/08	ID# CK# 1026	Moler Sanitation P.O. Box 516 Conrad, IA 50621	Refund of contribution	\$100.00
	ID# CK#			
SUB-TOTAL				\$ 912.84
TOTAL (if last page of this schedule)				\$ 2,359.88

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(1).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1/26/08	Steve Sodders P.O. Box 723 State Center, IA 50247		Room Rent	\$ 25.00	<input checked="" type="checkbox"/>
4/11/08	Wayne Sawtelic 308 S. 6th St. Marshalltown, IA 50158		Chili supper food and supplies	90.75	<input checked="" type="checkbox"/>
4/11/08	Steve Sodders P.O. Box 723 State Center, IA 50247		Room Rent	160.00	<input checked="" type="checkbox"/>
4/19/08	Steve Sodders P.O. Box 723 State Center, IA 50247		Room Rent	25.00	<input checked="" type="checkbox"/>
5/14/08	Gregory Photography 116 W. Main Street State Center, IA 50247-0712		Banners	145.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 445.75	
TOTAL (if last page of this schedule)				\$ 445.75	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)